Procedure No.: MSP HS D-01.0	Subject: **Pharmaceutical Operations and Medication Services**	
Reference: NCCHC Standard P-D-1, P-D-02,2014, MSP HS C-05.0 Medication Administration Training, HS D-02.2 Disposal of expired or discontinued narcotics, HS D-02.3 Medication Box Self Administration System, HS E-08.2 Crash Cart.		Page 1 of 2 with 2 attachments.
Effective Date: 07/28/16		Revised: 07/25/17
Signature / Title: /s/ Cindy McGillis-Hiner / Health Services Manager		
Signature / Title: /s/ Dr Paul Rees /		

I.   Purpose:
To assure that pharmaceutical operations are sufficient for the needs of the facility and conform to state and federal law and regulations. To assure that medications services are clinically appropriate and provided in a timely, safe, and sufficient manner.

II.   Definitions:
Dispensing: Placing one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the patient, the contents of the container, and other vital information.

Administering: The act in which a single dose of an identified medication is given to a patient.

Drug Formulary: A written list of prescribed and non-prescribed medications available to authorized prescribers working in the facility.

KOP Medication: a designation for a medication approved by a provider for an inmate to keep in his cell and self-administer as prescribed

III.   Procedures:
A.   MSP will comply with all applicable state and federal regulations concerning prescribing, dispensing, administering, procuring, and disposing of pharmaceuticals. (see HS C-05.0, HS D-02.0)
1.   Prescription medications will be administered and delivered to the patient only on the order of a prescribing clinician.
2. Inmates will not handle medication except for their own individual medication boxes or approved KOP medications.
B.   A drug formulary will be maintained and updated annually by the Clinical Services Division/Medical Director.
1.   Prescribers may order non-formulary medications. These medication orders will be entered into the Sapphire e-MAR as usual and will be automatically placed in the non-formulary approval queue for approval or disapproval by the Medical Director.
2. Non-formulary medications will not be administered until approved. The approved medication will be started upon receipt of blister packs from the contract pharmacy unless otherwise specified by the provider.
C.   Routine medications entered into the sapphire EMR before 10 am will be packaged and shipped to arrive the next day as per contract.   If the medication is not in stock or on back order the pharmacy aides will be notified and follow up with contract pharmacy and the prescribing provider.

1. When a medication is ordered STAT or ASAP by the provider and is not in stock, it will be ordered utilizing the emergency back-up pharmacy in the Sapphire e-Mar. These meds will be processed immediately by the contracted pharmacy through a designated back-up pharmacy and will be picked up in a timely manner by MSP staff.
    a. The primary backup pharmacy is Keystone Drug 406-846-2120. In the event the medication is not available from Keystone Drug the contract pharmacy will contact hospital pharmacies in the area to obtain the medication.
2. MSP pharmacy assistants will explore reasons when a medication does not arrive from the contracted pharmacy as expected.   The assistants will follow up to assure the earliest possible re-ship of the medication.
3. Delayed arrival medications may be started from stock, ordered through emergency back-up, or started upon arrival per the ordering clinician's preference.

D.   All medications will be accounted for and stocked in the MSP infirmary pharmacy room upon receipt from the contracted pharmacy through the Sapphire e-MAR system. In addition all controlled substance medications will be added to the narcotic count sheet upon receipt.

E.   Providers will check the renewal queue on the Sapphire e-MAR and renew medications as needed.

F. Providers will schedule appropriate follow up appointments for medication renewals.

G. All medication removed from the MSP pharmacy area by qualified staff will be signed out using the Stock Medication Sign-Out Log. Narcotic medications will be signed out using the daily narcotic tracking sheet.

H. Designated nurses will count all narcotics/controlled drugs at the end of each shift, and maintain written records documenting these counts. If a discrepancy is found during the count, the designated nurse will immediately complete an incident report and notify the on-duty nursing supervisor. As a measure of ensuring the systems integrity, designated medical staff will perform routine checks on all narcotics. (as per HS D-02.2)

I. Drug storage and medication areas will be devoid of outdated, discontinued, or recalled meds.
    1. All medication carts in the facility will be inspected and documented by a MSP pharmacy assistant or nursing staff at least once monthly for expired or discontinued medications. Inspections will be tracked by the ADON Nurse Educator or designee.
    2. The MSP pharmacy area will be inspected and documented by a MSP pharmacy assistant at least once monthly for expired or discontinued medications.   Inspection will be tracked by the ADON Nurse Educator or designee.
    3. All expired or discontinued medications will be labeled as such and stored in the appointed area of the MSP pharmacy until shipped to the contract pharmacy for disposal.
    4. Disposal of expired or discontinued narcotic medications will happen as per HS D-02.2 Single doses will be disposed of via the "Rx Destroyer" receptacle and documented as per HS D-02.2.

J. Medications will be stored under proper conditions.
    1. Refrigeration temperature logs will be maintained on a daily basis by assigned staff and tracked by the ADON Nurse Educator or designee.

K. A consulting pharmacist from the contract pharmacy will conduct an on-site inspection and consultation including destruction of expired or discontinued narcotics no less than quarterly.
    1. A report documenting the findings of the visit will be prepared by the consulting pharmacist.
    2. Reports will be inspected and kept on file by the Director of Nursing.

L. The poison control number will be posted on telephones used by nursing staff.

M. Emergency medications will be stocked and maintained as per HS E-08.2.

N. Pill bottles of medications arriving with inmates will not be maintained at MDIU. Medication bottles will be transported to MSP infirmary for disposal in the "Rx Destroyer" or destroyed by Diamond Pharmacy staff during quarterly visits. Blister packs with appropriate patient specific labeling from the sending facility may be utilized and maintained.
   1. All incoming medication and medication administration records will be reviewed by nursing staff with a provider and continued as appropriate.
   2. Intake medications will be ordered on Sapphire e-Mar by the provider.
   3. Medications that require STAT or consistent dosing and were not sent in blister pack form from the sending facility will be emergency ordered so that missed doses are kept to an absolute minimum. All other medications without adequate supply from sending facility will begin upon arrival from Diamond Pharmacy.
O. Narcotic medications arriving with inmates will be dealt with as per HS D-02.2.

IV.   Closing:
Questions concerning this operational procedure will be directed to the Health Services Manager.

V.   Attachments:
Night locker sign out log   Attachment A
Narcotic count sheets   Attachment B

Night Locker Sign out Log

Date	Time	Inmate	AO#	Drug/Strength/Rx#	# Removed	Staff Sig.

Room Narcotic Count

ry Cart
 Side Low Side Narcotic Drawer

Page 1 of 2

ARTING COUNT ⬊

Medication	Added	Removed Circle the location	Ativan 0.5mg	Ativan 1 mg	Ativan 2 mg	Clonazepam 0.5mg	Clonazepam 1 mg	Clonazepam 2mg	Diazepam 5mg	Diazepam 10mg	Lomotil 2.5 mg	Lortab 5/325	Lortab 7.5/325	Lortab 10/325	Oxycodone 5mg	Oxycontin 10mg	Oxycontin 20mg	Phenobarbital 16.2mg	Phenobarbital 32.4mg	Phenobarbital 64.8mg	Phenobarbital 97.2mg
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			
	#	# I HL																			

End of Shift Count ⬅ | ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓

On/Pills		**Off/Book**																			

Room Narcotic Count

ry Cart
Side Low Side Narcotic Drawer

Page 2 of 2

ARTING COUNT ⬂

Medication	Added	Removed Circle the location		Tylenol #3	Duragesic 25mg	Duragesic 50mg	Duragesic 75mg	Duragesic 100mg	Dilaudid 1mg/ml	Dilaudid 2mg/ml	Diazepam INJ 10mg/2ml	MSO4 4mg INJ	MSO4 10mg INJ	Donnatol (liquid) cc	Ativan 2mg INJ	Clonazepam 1mg ODT	Phenobarbital elixir bottles			
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
	#	#	I HL																	
End of Shift Count ⬅				↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
On/Pills		**Off/Book**																		

An Incident Report must be completed when the narcotic count is OFF. If you are missing narcotics, you must contact a supervisor immediately.

oom Narcotic Count

y Cart
Side Low Side Narcotic Drawer

Page 3 of 3

TARTING COUNT ↘

Medication	Added	Removed Circle the location														
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													
	#	#	I HL													

► End of Shift Count ◄ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓

On/Pills	Off/Book															

An Incident Report must be completed when the narcotic count is OFF. If you are missing narcotics, you must contact a supervisor immediately.

INFIRMARY CART

Today's date_____/_____/_____

STARTING COUNT

Inmate Name	AO #	Dose	Time	Ativan 0.5mg	Clonazepam 0.5mg	Clonazepam 1mg	ODT Clonazepam 1mg	Clonazepam 2mg	Diazepam 5mg	Lomotil 2.5mg	Lortab 5/325	Lortab 7.5/325	Lortab 10/325	Oxycodone 5mg	Oxycontin 10mg	Oxycontin 20mg	Phenobarb 16.2 mg	Phenobarb 32.4mg	Phenobarb 64.8mg	Phenobarb 97.2mg	Tramadol 50mg

NARCOTIC COUNT VERIFICATION

TIME	ON PILLS	OFF BOOK	Circle Count ON or OFF																			
			ON	*OFF*																			
			ON	*OFF*																			
			ON	*OFF*																			
			ON	*OFF*																			

Low Side & High Side Narcotic Cabinet

Today's date
_____/_____/_____

STARTING COUNT ⬊

Inmate Name	AO #	Dose	Time	Clonazepam 0.5	Clonazepam 1mg	Clonazepam 2mg	Diazepam 5mg	Lortab 5/325	Lortab 7.5/325	Lortab 10/325	Lyrica 75 mg	Oxycodone 5mg IR	Oxycontin 10mg	Oxycontin 20mg	Phenobarb. 16.2 mg	Phenobarb 32.4mg	Phenobarb 64.8 mg	Phenobarb. 97.2mg	Tramadol 50mg	Tramadol XR200mg	Tylenol # 3	Ativan 0.5mg	Ativan 1mg		Staff Initials

NARCOTIC COUNT VERIFICATION

TIME	ON PILLS	OFF BOOK	Circle Count ON or OFF																							
			ON	OFF																						
			ON	OFF																						
			ON	OFF																						